

MONROE COUNTY SOCIAL SERVICES
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices of Monroe County Social Services.

(Signature)

(Date)

(Print Name)

SPACE BELOW SHALL BE USED ONLY BY MONROE COUNTY PERSONNEL

Monroe County Services attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could not do so because:

___ Unable to communicate sufficiently to obtain acknowledgement. If this is the reason, the following applies:

___ Client speaks a foreign language and appropriate interpretation was unable to be provided.

___ Client speaks a foreign language and appropriate interpretation was provided but Client still could not understand the need to sign.

___ Individual refused to sign.

___ Individual was unable to sign due to:

___ Emergency Situation.

___ Individual has a disability preventing signing.

___ Other. Specify: _____

Signature of County Agent/Employee

BayShore Manor
In-Home Services
Nutrition (Home-delivered Meals)
Special Needs Registry
Transportation (Limited)*
Welfare

Date

* Limited to those clients about whom medical information is obtained